

Planning CHATT Webinar Transcript

Let's talk about achieving cultural reflectiveness in your Planning Council/Planning Body (PC/PB)!

Alexandra Bonnet:

Hello, everyone. Thank you for joining this Planning CHATT webinar. We're excited to have you in the session. The session will be beginning shortly, so stick on with us.

Alexandra Bonnet:

All right, everyone. Hello and welcome to today's Planning CHATT webinar, Achieving Reflectiveness. We're happy that you chose to join us today. I'm Alexandra Bonnet, and I am the webinar lead for Planning CHATT. Today's webinar will have a Spanish simultaneous translation. Before we begin, [Spanish 00:03:01]. During today's webinar, we will explore why it's critical for planning councils and planning bodies to be responsive to diverse cultures and diverse populations, including the LGBTQ+ population.

Alexandra Bonnet:

We will address the legislation requirement for achieving reflectiveness and have the membership in your planning council and body be representative of those affected in your jurisdiction, leading your planning body to be aligned with the National HIV/AIDS Strategy goal of reducing HIV-related disparities and health inequities. Please stay with us until the end so you can hear from presenters who have lived experiences, as they share their stories and help us understand the differences between cultural responsiveness and cultural humility. They will also share best practices around implementing the meaningful involvement of people with HIV.

Alexandra Bonnet:

We want to make sure you can listen to today's webinar, so let's check for any audio issues before we begin. The audio is being shared via your computer speaker or headset. If you're having difficulty hearing us, please be sure to check that your headphones are plugged in correctly and/or your speaker volume is all the way up. If you're still having trouble, you can dial in by phone. If you need assistance, please chat the host and we'll try to help you out. [Spanish 00:05:06].

Alexandra Bonnet:

For today's webinar, I have already announced we're going to have a Spanish channel. If you would like to hear us in Spanish, please choose the desired language and remain on the same channel for the duration of the meeting. [Spanish 00:06:04]. How do we do that? If you can please check on the bottom of your screen, click the globe button of your screen and select the language that you would like to listen in. [Spanish 00:06:29].

Alexandra Bonnet:

Once you have selected a language, click once again and select mute, original audio in order to hear only the selected channel. [Spanish 00:06:49]. Once you have selected the language you would like to listen in today, now, how do you ask a question? Before we begin today's webinar, I would like to let you know that you are all in listening mode. During the webinar, we will have polls for you to engage and answer. We will encourage you to participate and take advantage of this experience.

Alexandra Bonnet:

Towards the end of the webinar, we will have questions and answer session, so feel free to drop your questions at the chat box, at the lower-left of your screen during the webinar. We'll compile the

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questions and address them at the end. If you have any questions after the webinar or have very specific questions you'd like us to consider in detail, you can feel free to email us at planningchatt@jsi.com.

Alexandra Bonnet:

In today's agenda, we have already done our welcomes and introductions, and now we will be moving towards planning councils and bodies are diverse by design by Dana Williams. Then we will have Marissa Miller talking about balancing cultural responsiveness and cultural humility. Marissa will also be talking about meaningful involvement of people with HIV. Last but not least, We will have Lamar McMullen from the Miami-Dade EMA, who will share their experience around achieving reflectiveness. Before we begin, I would like to start off our discussion. I am going to invite our Planning CHATT Project Officer Lenny Green to say a few words. Lenny? Are you on, Lenny? Shaivi, I see Lenny raising his hand?

Shaivi:

You should be able to speak now. There you go.

Lenny Green:

Can you hear me now?

Alexandra Bonnet:

Thank you. Lenny, it's all yours.

Lenny Green:

Okay, great. One of the hallmarks of the Ryan White Program is it's designed to provide the optimal benefit of having great services by engaging communities that are most impacted and in need of those resources. It's also very important, and it's a legislative expectation, that communities are a part of the planning and evaluations of the services available. Planning body members utilizing services are subject matter experts representing their communities and they're a crucial component in planning the service continuum. Today, we're going to discuss how that goal is realized, including examples of how a few jurisdictions have managed the task. Take notes and ask questions, because we've got some great expertise in the session today. Thanks for joining.

Alexandra Bonnet:

Thank you so much, Lenny, for your words. For today's webinar, I would like to welcome our presenters. First, we have Dana Williams. She's a consultant and the executive director and co-founder of the Community Wellness Project. We have Marissa Miller, capacity coach and CEO of Trans Solutions Research & Resource Center. We also have Lamar McMullen, vice chair of the Community Coalition Committee of the Miami-Dade HIV/AIDS. We welcome you all here and thank you for being such good troops.

Alexandra Bonnet:

As we have already announced, we have the Spanish translation today. Our interpreters for today's webinar are Diana and Pablo Donatti. They are certified by the federal government and have worked with numerous national and international agencies. They work with HIV/AIDS, began in the mid-'90s and it has been their passion ever since. They have dedicated time and resources to ensure that language services are available when needed. Thank you, Diana and Pablo for being here today.

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Alexandra Bonnet:

By the end of today's webinar, you'll be able to recognize the importance of having a planning council and planning body that is responsive to diverse cultures. You will also be able to understand the difference between cultural responsiveness and cultural humility, describe the meaningful involvement of people with HIV, three levels of benefits. My colleague, Shaivi, will be chatting out the evaluation link to you all so you'll have it handy and ready to give us your feedback. We really appreciate and welcome your feedback. It is extremely important to us and has enabled us to make quality improvements in our work based on your comments. Please, if you will take a moment to open the link that's going to be chatted, and we'll appreciate you completing the evaluation in real time.

Alexandra Bonnet:

Now I will pass it to Dana Williams, who will be walking us through how planning councils and planning bodies are diverse by design. Dana?

Dana Williams:

Thank you so much, Alexandra, and thank you all for being here today. We're really excited to share this information with you today. I'd like to start off with doing a little bit of a poll. I'd like you to take a look at your planning council and your planning body membership and ask yourself this question. Does your planning council reflect the epidemic in your community or jurisdiction? All right. Give you a couple more seconds to complete that. What was our responses? We'll close that out. Looks like most of you said yes, that you agree that your planning council membership or your planning body membership does reflect the HIV epidemic in your community. That's great. That's good because it's actually a requirement. Next slide.

Dana Williams:

We're going to talk a little bit about reflectiveness. All right. Reflectiveness is the extent to which the demographics of your planning council and your planning body membership look like the epidemic of HIV and AIDS in your jurisdiction. That is a requirement. Next slide.

Dana Williams:

Planning, councils and planning bodies should make sure that the planning council membership, overall, and the consumer membership meet the requirements of reflectiveness. This includes that members have characteristics that reflect the local epidemic in such areas as race, ethnicity, gender, and age. Planning councils and planning bodies are responsible for filling the required membership categories as stated in the legislation. Next slide.

Dana Williams:

Reflectiveness means that the local HIV/AIDS epidemic must be reflected in both the whole planning council membership and the consumer membership. People with HIV should be selected for planning council membership, without regard to the individual's stage of disease. Reflectiveness does not mean that membership must identically mirror local HIV demographics. It does not mean that if, for example, 1.5% of local AIDS cases are Asian and Pacific Islanders, then 1.5% of the planning council members must be from that community, but it does mean that at least 33% of planning council members must be consumers.

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Dana Williams:

Consumers are individuals receiving HIV related-services from Ryan White Part A providers and includes persons receiving services themselves, and the parents, and the caregivers of minor children who are receiving these services. In other words, people with HIV must be on your planning bodies, and at least 33% of those planning council members must be consumers who are receiving Ryan White services.

Next slide.

Dana Williams:

Membership requirements in the legislation, the Ryan White HIV Program legislation, states clear requirements for the membership of a Part A planning council, so let's talk about representation. When it comes to representation, it must include individuals that represent clearly specified membership categories. Some are based on organizational affiliation, such as Ryan White Part C, social service providers, or a group. For example, recently released and formerly incarcerated people living with HIV, or federally recognized Indian tribes. Unaligned consumer memberships, at least 33% of those voting members must be people with HIV who are receiving services from Ryan White subrecipients, aka, consumers, but are not staff, consultants, or directors of a service provider that has or is seeking Ryan White Part A funds.

Dana Williams:

When it comes to reflectiveness, both the membership as a whole and underlying consumer membership must be reflective of the local HIV epidemic in terms of race, ethnicity, gender, and age, and with particular consideration given to those persons who are disproportionately affected and historically disadvantaged, underserved groups and subpopulations. This is key because all voices need to be heard. Next slide.

Dana Williams:

Membership requirements in the legislation. Ryan White legislation requires member diversity because of its importance in helping planning councils and planning bodies identify and address these key elements. Disparities in access and services among affected subpopulations and historically underserved communities. This is what I call the boots on the ground folks, those individuals who are actually receiving those services. It's important because it helps reduce HIV-related health disparities and health inequities. It is also one of the four primary in-house goals, which is the National HIV Strategy goals. Next slide.

Dana Williams:

Now, while the legislation does not specify membership requirements for Part A planning bodies that are not planning councils, HRSA, or the Health Resources and Services Administration, the HIV/AIDS goal recommends that these bodies look as much like planning councils as possible in terms of its membership. The legislation also requires an open nomination process. This is critical. This is so important. In our area here in St. Louis, we have a city-wide nomination process, and only the mayor of St. Louis, who is the chief elected official, can actually vote in or secure members on our planning body. You should have something similar in your area. Next slide.

Dana Williams:

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Let's take a little bit deeper look at those required planning council member categories. Let's start with people with HIV in the community. These are members of the affected community. They're not elected community leaders. They're representatives of recently released and formerly incarcerated people with HIV, and they are unaffiliated consumers. Under the health and social service providers, these are healthcare providers, including FQHCs. They're community-based organizations, AIDS service organizations, social support service providers like mental health and substance abuse treatment providers, and others.

Dana Williams:

Then when we look at the public health and planning, we're talking about those public health agencies, like your health departments, healthcare planning agency, and your state agency. Then finally, your federal HIV programs, and that's Ryan White Part B, Part C, or any other recipients other than those federal HIV/AIDS programs. Diverse consumer and community participation supports sound planning council and planning body decision-making about those services and the use of the funds that you received in your area. Decisions made by diverse consumers and community participation can improve access to the quality of care, contributing to positive client outcomes, including viral suppression, which is what we're all looking for, viral suppression within our communities. Next slide.

Dana Williams:

Let's take a look at planning councils and planning bodies, and how they should aim to have genuinely inclusive HIV community planning. This is so key. We have to be genuine when we're asking people to volunteer and participate in our planning bodies. We know it's a lot of work, so we want to be genuine when we're asking people to be a part of those committees, and not just trying to fit the quota.

Dana Williams:

Let's talk a little bit more about inclusion. Inclusion is active, intentional, and ongoing engagement with diversity, including intentional policies and practices that promote the full participation and sense of belonging among all the members of the group or organization. It really starts with engagement, in building trust with those members and recognizing, as I mentioned earlier, that this is a voluntary thing, and that there's a lot of work involved.

Dana Williams:

As a result of that ... Next slide. To be genuinely inclusive, it means that all the members participate as engaged and equal partners. Let me say it again. Engaged and equal partners, and diverse public input is regularly sought and used. This requires all of us to have appropriate policies and procedures in place to ensure that that's happening, A strong orientation and training, which means spending enough time handholding, mentoring, and coaching the people that are coming onboard. It takes time, and patience, and willingness. It often comes from those of us who've been around the table for a long time.

Dana Williams:

We have to spend time building a foundation as we add those new people to the work because the goal is not just getting them to the table, but keeping them and retaining them to stay engaged in the work. We have to have well-managed meetings with respectful interaction. Those well-managed meetings also mean spending time and having meetings at times that's convenient for the community to be engaged.

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We also have to spend time promoting a sense of belonging, and explaining why it is important that all the voices at the table be heard, and explaining how this impacts the community as a whole. Next slide.

Dana Williams:

There are lots of benefits for participating, for people who are living with HIV. Let's talk about the consumer perspective, the perspective of people living with HIV. People with HIV provide a critical consumer perspective on Ryan White service planning delivery and evaluation. Consumers should reflect the diversity of the local epidemic, which provides for a range of perspectives that contributes to informed decision-making. Now, reality check. That's my boots on the ground folks again. People with HIV help keep the members of the consortium, us, focused and on track by providing a firsthand perspective of issues facing people with HIV and their families. People with HIV can discuss their actual experiences in seeking and obtaining those services.

Dana Williams:

Now, helping the needs assessment. People with HIV can help ensure that the needs assessment consider the needs of people with HIV from different populations and geographic locations. For here in St. Louis, we also are just across the bridge in East St. Louis, Illinois, so we're a bi-state, if you will, location. We know that our folks seek services on both sides of the river, so we need to think about the different populations and where they live within the city, including those folks who are in and out of care. They can help recruit other people with HIV for other things that we have going on like town hall meetings, or focus groups, or other input sessions like key informant interviews.

Dana Williams:

Now, identifying the service barriers. People with HIV can identify service barriers that may not be evident to others and can help us plan to overcome those barriers. Outreach, again, my key thing, boots on the ground. People with HIV can help identify ways to reach other people within the HIV communities that we serve, including minority and other special populations with unmet needs for services. For example, here in St. Louis, we know we haven't done a great job with reaching the trans community, and so that's something that we need to pay more attention to in our area. I'd like you to think about what other populations your consortium should be reaching, who needs the services the most.

Dana Williams:

Quality management. Our people with HIV, our clients of Ryan White services, who can provide direct feedback on the quality of the services that we are providing. Their voices can help determine what services are needed, including how to improve service delivery models. For example, getting across the bridge back and forth can be difficult for some of our folks to get to the dentist, so we need to provide transportation. It may be that the dentist we've hired, if you will, is booked all the time and our clients can't get access to them on a regular basis or when there's an emergency. These are things that the voices from the village, if you will, our HIV positive folks, can give us feedback.

Dana Williams:

Then finally, the community liaison. People with HIV provide an ongoing link with the community and they can bring community issues to us as we help to bring research and care information to the community as a whole. Now, all this information should be in your Ryan White Part A manual. If you

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haven't had a chance to look at it, it's definitely something that you should be sharing and reviewing on a regular basis. Next slide.

Dana Williams:

Now, I'd like you to take a few moments and do a quick chat. As you do that, I want you to consider the following. In the chat, tell us about your planning council or your planning body. I want you to consider the following, and then chat it in your answers. Which, if any, required membership category have been hard for your jurisdiction to fill? Take a moment and do that.

Dana Williams:

Yep, formerly incarcerated youth. Youth. Representatives of people who are living with HIV. Spanish-speaking folks. Absolutely. The school board. Interesting. These are some great responses. Medicaid representatives. Newly diagnosed. Yeah, that's a hard population to work with because, often, they're still dealing with just being newly diagnosed. That youth and homeless, that's really difficult. We have to remember that this is a voluntary situation.

Dana Williams:

As you all know, sitting around these meetings around these subcommittees, all the requirements, learning all the language, it's really difficult. That's why being genuinely engaged and involved with those high-risk communities and getting them involved in the process is so important. I can share with you that handholding, cultivating, mentoring is key. Maybe peer-to-peer kinds of support would be something to consider. Homeless folks definitely is a challenge. If I don't have anywhere to live, I'm not thinking about being on a planning council or a planning body. Great responses, everyone. Thank you for your answers. Next slide.

Dana Williams:

For the next response, I'd like you to think about structure and governance. Consider the following. What has your planning council or planning body done, or what might you do to fill these membership slots? I'd like you to put your responses and your answers in the chat. Presence at community events. Good one. Thanks, Dennis. Not have meetings during working hours or school hours. Gloria, that's a great one. I've yelled to the rooftops about that. We can't have meetings on a Friday at 10:00 a.m. People are at work and some of our folks might not even be up yet.

Dana Williams:

Excellent. Have dinner meetings. Ask subrecipients of other planning council members to do direct ask for recruitment. Love it. Thank you, Amanda. I love going out in the community events, trying to get back since COVID. This is Pride Month, everybody, so get out there and start asking. That's a great place to find youth as well, those community events, Making sure that we have information that is clear and concise so we can share with people what the expectations are of being a part of these planning bodies.

Dana Williams:

Dinner meetings. We're trying to get Part A. Happy Pride. I tell you, getting in the community is where it's at. Advertising on social media. I think that's great, but often, there's a disconnect for those hard to reach populations with social media. Sometimes, there's an issue around the government phones that they use. I know that's a challenge in our area, but it's definitely something to think about. Flyers, as

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long as they're 508 compliant. Meaning that the colors are right, that the reading level is correct, that it's got a lot of graphics on it. Often, it requires follow-up with the folks that you're trying to reach so you can really explain what you're asking for. TV spots. That's a consideration. Thank you, John.

Dana Williams:

These are strategies, I think, that we all need to be thinking about as we're trying to reach folks, but also, making sure that we have nutritional supplements at dinner, if we're going to have evening meetings. Or a real breakfast, not just sugary donuts and some coffee and juice in the morning for, usually, a meeting that lasts three to four hours. Definitely things to think about. Does the folks have transportation there? Are people stabilized? Have people accessed care and treatment services? These are definitely things that you can think about.

Dana Williams:

Thank you so much for giving me an opportunity to share some of my information with you, and expertise about the diversity around planning council. Because of time, I'm going to go ahead and move on to our next presenter, which is Marissa Miller.

Alexandra Bonnet:

Thank you, Dana, for sharing with us and taking us through the membership requirements of the planning council and body, and how to be and achieve a genuinely inclusive planning council. Now we will have Marisa Miller, who will go over balancing cultural responsiveness and humility. Marissa?

Marissa Miller:

Well, hello, everybody, and Dana, thank you so much for such a fantastic job. We are so excited to be here and so excited for you to be here. They have asked me to talk about diversity. Diversity means, sometimes, that we check the box, but diversity and inclusion means that we understand why we check the box. Let me give you the definition. Diversity, the collective mixture of differences and similarities that includes individual and organizational characteristics, values, beliefs, experiences, backgrounds, and behavior. Diversity encompasses our personal and professional history, not just our personal, not just our professional.

Marissa Miller:

A lot of times when we start using the word diversity, we have simply equated it over to our professional histories, but diversity encompasses not only our professional, but our personal histories, that frame how we see the world, how we collaborate with colleagues, with stakeholders, and how we work really intentionally within communities. Next slide.

Marissa Miller:

Let's do poll number two. What might be the value of increasing diversity in your community, in your community-based organization, in your state health department? What might be the value of you increasing it? I know a lot of people increase value for different reasons. We have equitable employment. We have health diversity. We have equality, agency culture, increased client engagement. What is your reason that you might be wanting to increase diversity in your location? I'll give you a few minutes to think about that and get that done.

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Marissa Miller:

What might be the value, something important to you of increasing diversity, making sure that there is clear representation in your agency? If you are funded to take care of the trans and nonbinary community, "Have I done an intentional job in making sure that they are visible? If I'm working with the MSM community, men who have sex with men, am I doing a good job at making sure agency culture is visible for that particular population?" Listen, let's keep going.

Speaker 6:

Do you want me to go ahead and end the poll?

Marissa Miller:

Yeah, I think we got it. I think we've got a really good visual. We've got increase client engagement at 88%. Agency culture at 56%. What does the agency look like? How is it represented? Equality. Equality is such a huge word, and sometime, it's underrepresented in the agency. Are the things that are going on equal to everybody? Then we talk about health diversity. Is there enough services for everybody that will be utilizing the services in your agency? That's at 52%. I'm excited to see equitable employment because usually, we just see the word employment, we don't see the word equitable in front of it.

Marissa Miller:

Can I share with you that McDonald's sometimes is not an equitable employment? Not for an adult. A lot of times, we in community-based organizations and AIDS service organizations, those of us that are challenged to work with workforce development for people returning from incarcerated experiences, we have to do a better job at understanding this equitable employment and sometime, that's through going back through training. Let's keep going. Next slide, please.

Marissa Miller:

We need diversity if we are to change, grow, and innovate. That's Dr. Katherine Phillips. We need diversity if we are to change. If we don't add value, and if we don't add differences, and if we don't add others, then we won't change, we won't grow, and we will not be innovative, and so I love that by Dr. Katherine Phillips. Let's keep going

Marissa Miller:

Benefits of diversity. It encourages new ideals and ways of thinking. Another benefit of diversity is to process information effectively. When we are operating in diversity, we can process information effectively. A lot of times, we are processing information but if we're not looking at it from a lens of diversity, sometime the outcomes that we're looking for ... Especially now that we are really having this large discussion about ending HIV by 2030, diversity is the key to getting to zero by 2030, and that's by making sure that everybody is at the table. Let's keep going.

Marissa Miller:

Here is the diversity chart. Diversity has multiple components. You see at the top of it, it says, "The personal pyramid," visible characteristics, so age, race, dress, gender, ethnicity, behaviors. Those are some of the things within the diversity framework that we are most familiar with, the personal pyramid. The less visible characteristics are talents, education, social class. Sexual orientation and gender identity, sometimes. Health status, communication style. These are less visible characteristics, but no less what

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makes a person diverse. Then you have the often hidden characteristics, which are your place of birth, your job history, early life experience, and so on and so forth.

Marissa Miller:

I'm hoping that we'll be able to make these slides available for you so that when you're talking to your clients, or when you're educating your board of directors, or when you're talking about hiring within your human resources department, you can talk about the personal pyramid that gives you the visible characteristics, the less visible characteristics, and then the often hidden characteristics. When we aren't privileged to a person's history, privileged to a person's life, often, those hidden characteristics are often what has made a person so diverse and we miss the opportunity. Remember, physical characteristics in others, less visible characteristics, and then often hidden characteristics. All of that is the personal pyramid.

Marissa Miller:

I love this. I talked from this when I did the building leaders of color training, a HRSA cohort that we'd done many, many years ago with NMAC. We talked about this personal pyramid, and it's so important. If you really want to understand diversity in your agency, you really want to address it and nip the problems in that you might have by not being as diversified as you'd like to be. I would suggest that you screenshot, or you make sure that our hosts can get you this personal pyramid. This personal pyramid really allows us to ensure that we are diversifying our staff, diversifying our agency, diversifying our services, and remembering that diversity is not just professional, but it's also interactions in our personal life. Let's keep going.

Marissa Miller:

Listen, I'm moving really fast, and so if you have any questions, there's a raise the hand down there at the bottom, also in the chat box and the Q&A section. Please, as we're navigating through, talking about these different topics, if you have any questions or things that you'd like to highlight, please go ahead and drop it in the chat box or drop it in the Q&A session.

Marissa Miller:

I am going on to awareness of cultural responsiveness and cultural humility. After I do this part, we will turn it over to our next presenter. I am so excited to talk about cultural responsiveness versus cultural competency and cultural humility. Often, when we talk about cultural competency, that just means that we check the box. You'll hear me often talk about checking boxes, but the responsiveness means that we've not only checked the box, but we are cognizant to the things that we are checking the box. Then we will navigate through addressing things with cultural humility, and you'll see how that goes as we talk about it a little bit more. Let's go to the next slide.

Marissa Miller:

Cultural responsiveness involves developing an understanding of cultures other than your own. Now, you know how they say, "Period pooh" at the end of a discussion? Period pooh. Cultural responsiveness involves developing an understanding of cultures other than your own. If you are not developing an understanding of anybody's culture but your own, then you are not working in cultural responsiveness. Cultural responsiveness requires us, challenges us, encourages us to step outside of the norm. Such knowledge is important. However, when based on training sessions or academic learning, rather than

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lived experience, it can lead to stereotyping or assuming that everyone from a particular cultural background has the same beliefs or behaviors.

Marissa Miller:

Have we ever invited a trans person to the table, and we want that trans person to be the be-all, do-all? Have we ever went and just got one Black person and thought that one Black person could give us all of the experiences of Black people? This is what cultural responsiveness involves, for us not to stereotype or assume that everyone from a particular background ... You're sitting at a restaurant. This is very one of those ones. "Ooh, everybody that's Black ..." Well, no everybody doesn't like fried chicken. There are actually people that don't eat fried chicken. They would rather have baked chicken or they would rather not eat chicken at all. I think, sometimes, we just make references just for familiarities. I don't think that we do it intentionally to cause harm, but again, impact versus intention. Let's go to our next slide.

Marissa Miller:

Cultural humility focuses on increasing awareness of culture through ongoing personal reflection. That's looking at me, that's watching me, co-learning along with other people. I don't have all the right answers. I'm watching with you. I'm learning your life. I'm learning the way you navigate, the way you move. It means seeing people from other cultures as peers. Not peons, peers. People that are equal to you. A lot of time in cultural humility, why we can't enjoy the gift that it has to offer us is because we don't look at people as peers, but we view them as peons. I hate to use language, sometime, but I need you to understand about cultural humility.

Marissa Miller:

I need you to challenge yourselves to understand it means seeing people from other cultures as peers and trying to understand their views. Not judging their views. Not just determining that their views are not valid because they're not common views of our own, but to understand their views. If we have an understanding of their views, then we are operating in cultural humility. It also encourages people from a dominant culture to recognize their own power, privilege, and biases, we'll leave that there. Which are often ... Nobody's blaming you, nobody's pointing fingers at you, nobody's doing any of that, which are often unconscious. It happens. We move in spaces of privilege, power, and biases.

Marissa Miller:

Even as a Black trans woman who has not had to live in poverty in quite some time, I have to check my power, my privilege, and my biases, so just think from a dominant culture. White people, let's name it. Let's name it. When people who are not of a marginalized community can recognize their own power, privileges, and biases then we are operating in cultural humility because then we get to understand people views. If we get our own biases out the way, what we're used to, what was always happened, what mama said, what's historically happened, cultural humility can happen when we are willing to understand someone's views other than ours. Culture, through an ongoing personal reflection.

Marissa Miller:

Co-learning. I'm learning with you. I'm sitting with you, I'm listening. I'm absorbing. I might not understand and I might not leave as a stellar student the first time. We often challenge people that are not from marginalized communities to come as stellar students after a virtual learning period. We must allow things that have been taught to us historically that are oppressive, we must allow time to be

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rethought, to rethink, to relearn, to reevaluate so that we can understand someone's views. Let's go to the next slide.

Marissa Miller:

Help, well, PC/PB, become more effective. Identify your motivation. It's the right thing to do. It helps us achieve outcomes. If you really want to help the consumer, the person, anybody that you're engaging, I don't want to limit it. I know what it's for, but we have several different interactions with several different people. Identify your motivation. What's your purpose? Why are you showing up? What you're there for. Once you identify your motivation, it'll allow everyone that is a part of that to achieve outcomes. Consider how these benefits will help PC/PB be more effective with a wide range of audiences.

Marissa Miller:

Listen, in order for people to gravitate toward us, we have got to have something that they want. The way that we get people to come to us, often, we wonder, "Well, we're funded to take care of Black people, but no Black people come to the door." Well, have you hired any Black folk? Have you consulted with any Black folks? Do you have an advisory board that got any Black folk on it? Sometimes, what we have to do is we have to identify motivation. We have to identify motivation, and sometimes we have to check that motivation if it is not the correct motivation for us. Let's go to the next slide.

Marissa Miller:

Here is the last part for me. We have eight minutes. Here is the last part for me. We have just three more slides to talk through, and I can join my partners in another conversation. We're going to talk about meaningful involvement of people with HIV/AIDS, MIPA. Meaningful involvement of people with HIV/AIDS. Next slide.

Marissa Miller:

For those of you on the phone call, nothing by us is for us. We'll understand that as we go through some MIPA guidelines and principles. MIPA guiding principles demanded that people living with HIV, me, be substantially engaged in policy and programmatic decision-making activities that impact our lives, and fairly compensated for participation. That was when we was inviting people to the table, we were taking everybody's intellectual property and we were not fairly compensating people for their participation. MIPA demands not only that you take care of me for my participation, but that I sit at the table and I am engaged as the person living with HIV in policy and programmatic decision-making. Don't invite me after we done made all the rules. Don't invite me after you done got the support group together, all the speakers together, all the food together. You done got everything together, and ain't nobody living with HIV.

Marissa Miller:

I know. I know, for decades ... I thank the people that were at the table and able to speak for me for years before I had a voice, before my voice was trained, before my voice was edified, before my dress, my voice was poured into, I know that there was several people at the table talking for me, but can I share with you that I'm here? Can I share that we are available? People are available and they should be fairly compensated for their participation. Stop with the crumbs, inviting people, and then utilizing ... Especially in research. We always want to talk about, "Well, they don't want it to look like we're bribing

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somebody." Well, then actually don't look like you're robbing somebody either. It's either bribery or robbery.

Marissa Miller:

When you want my intellectual property for \$25 and you have a hundred questions, let's talk about what that looks like now. That's not the guiding principles because the guiding principles just said that I have to be at the table. If you're talking about me, we demanded a long time ago that people living with HIV had a voice at the table, a voice in decision-making. Not just in me living with HIV as an individual, but as a state, as a national disease, I have a say-so in how HIV is allocated, services are allocated in my community. I have a say-so on the Ryan White planning council when things don't look as they should look. Let's keep going because I have eight minutes and I'm probably with four on this screen. Let's keep going.

Marissa Miller:

MIPA guidelines recognizes the importance of contribution that people with and affected by HIV can have in response to epidemic as equal partners. It creates a space within society for involvement and active participation of people with HIV in all, A-L-L-L-L-L-L-L aspects of that response. MIPA guideline principles create a space within society that's in your world for involvement and active participation of people living with HIV. That's me and other people living with HIV in all, A-L-L-L aspects of that response. Let's keep going.

Marissa Miller:

The Denver Principles and MIPA make demands from different sectors, articulate the responsibilities of people living with HIV, recognizes the power of language to affirm and destroy, believe that meaningful involvement in people of color with HIV must guide policy and practice on a domestic HIV epidemic today. What we did before won't work today. The same HIV I contracted in 1990 is not the same HIV services and movement that we are operating in today. Services have moved forward. We've moved forward. We have to move with the services.

Marissa Miller:

We have to make sure that people living with HIV have meaningful involvement, especially people of color have meaningful involvement. We can't end the HIV epidemic without trans people. We can't end the HIV epidemic without the churches. We cannot end HIV epidemic without Black people. Those are things that we cannot do. We can't do it without those three categories, so go get them. Go involve yourself with those particular communities if you really want to end HIV, and really understand about how, recognize the power of language to affirm or destroy. Believe that meaningful involvement of people of color with HIV must guide policy and practice on the domestic HIV epidemic today. Let's keep going.

Marissa Miller:

Benefits of MIPA. Let's keep going. Individual, community, and organizational. I talked about all three of those. The benefit of the individual is I am involved. I am HIV positive. I am at the table. I am ... You are hearing me. Community, our faith-based community, our trans community, and organizational. All of us fit together. See how the circles are entwined to each other? That mean we must, not that we might have to. You don't have to like me either. It says that we must, we're connected so we got to work

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together. We got to figure it out. We don't have to like each other, but we have to get to an end goal, and that's ending the epidemic by 2030. Let's keep going, please.

Marissa Miller:

Our history and involvement in people demonstrates how communities can take many paths and shared goals. Let's keep going. People with HIV commit to treatment and prevention fully, only when there is a commitment to involving and engaging them authentically. I don't even need to go on there. Read that yourself. Internalize this yourself. People with HIV only commit to treatment and prevention, only want you helping us when you fully commit to involving, engaging me authentic. Don't come up in here, half-stepping and expecting me, "Well, you should want to be in care." Well, I probably should want to be in care, but it's also your job to ensure that I'm engaged in care, so how you engage me is how I stay engaged in care. That's how I come through the door. Let's keep going.

Marissa Miller:

Miami-Dade EMA experience working and achieving reflectiveness. That is not me. That is Lamar, my colleague. Listen, you all. I pushed through this presentation. If you take anything else with you, take PUSH with you. PUSH means pay attention, understand what you just paid attention to, sustain the information that you just paid attention to, and you understood, and then heal and hush. It's not that anybody is talking at you. We're talking with you, so that if you're talking about you want to be able to provide comprehensive, intentional care to marginalized communities that are dying because we fail to change business as usual. This presentation, from my part, was to challenge those people, those health departments, those AIDS service organizations that are operating in business as usual. Business as usual will not save any lives. Then, I return the microphone to my colleague. Thank you all so much for allowing me to present.

Alexandra Bonnet:

Thank you so much, Marissa, for taking us through the MIPA framework and the three levels of benefit, as well as helping us recognize the importance of having a planning council and body that is responsive to diverse cultures. Thank you. Now we will have Lamar McMullen, the vice chair of the Community Coalition, which is a committee that selects members to serve on the Miami-Dade HIV/AIDS Partnership, the official county advisory board for HIV in Miami-Dade County. Lamar, as the vice chair, works with the committee towards ensuring that decisions made by the Partnership represent the needs of people with HIV in Miami-Dade County. Lamar will share with us today their experience working to achieve reflectiveness. Lamar?

Lamar McMullen:

Hello, hello, hello. Good afternoon, everyone. How are you guys? I pray all is well on this blessed, beautiful, beautiful Saturday. Happy ... Oh, it's not Saturday. I'm ready for it to get here. Wednesday, happy Wednesday, everybody. Once again, as Alexandra just announced, my name is Lamar McMullen, and I am the vice chair of the Community Coalition recruitment committee, and she just told you exactly what that is. We recruit people to actually join the committees, to have a say in what the Partnership does for Miami-Dade HIV and AIDS. Next slide.

Lamar McMullen:

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Okay. Getting voices to the table. Now, if you look at this table, you would think, well, what does it mean to actually mean to get the voices to the table? That actually is a great question. The development of the new integrated plan has been an opportunity to, reassesses our successes at achieving reflectiveness and also to ensure all voices are at the table and being heard. Now, I hear a lot of folks saying, "Well, I get the invite to come to the table, but I really don't have enough accepting." I'm going to tell you exactly why and how you can do that. Next slide please.

Lamar McMullen:

Now, culturally responsive strategies are being incorporated to develop the integrated plan and reach target audience. This include people from transgender experience and the planning process, so it's not only about the MSM community because what my own experience is what I've been seeing are the MSM community, and there's no trans women or trans men that actually sits at the table to have their input. Some activities include to conduct trainings on how to get providers to treat a person respectfully. Understanding the different areas when transitioning, hormone therapy replacement, and also how that can be covered by the Ryan White Association. Next.

Lamar McMullen:

Now, to include in the planning process the committee that will be impacted ... Now, check this out, you guys. Communicate that you care and that the community should be heard. Now, if you take a look back at that again, it says, "Communicate that you care and that the community should be heard." That means literally getting outside of yourself, putting your own ideas, your own perspective to the side. I think Marissa talked about it clearly when she spoke about having the actual authenticity actually be set up. You know what I mean? That was great too. Thank you, Marissa, for that, and thank the other colleagues that actually shared their presentation because they did an amazing job.

Lamar McMullen:

The second one is to take time to understand the dynamics and here it goes, and the lived experience of the transgender community. It says, and I have to read it again. Take time to understand the dynamics and the lived, that's the keyword, the lived experience of the transgender community. If you haven't lived the experience, you can't talk about it. For instance, if you're not a recovering addict, and if you're not a recovering addict or an addict period, you can't talk about what it takes or what it is to actually be the recovering addict. You can't talk about the steps, not unless you've been here. We have people to support on the outside, but we can only tell our own stories. I say, "We," because I am a part of that community as well.

Lamar McMullen:

The third one is to have the community offer feedback on the objectives and [inaudible 01:04:30] which you are planning to implement. Make sure you go to the people, ask the questions. If you're going to do something surrounded by the trans community or even surrounded by the MSM community, ask us. Because what you may think that is a great idea, may not be a good idea for us, so ask for our input because we do matter and we do have voices. That's why we're talking about I need to sit at the table and have voices. Last by not least on this slide is concerns need to be addressed and results need to be [inaudible 01:05:01]. Next slide, please.

Lamar McMullen:

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Now, to anticipate recruitment challenges and plan for how to address them. A, identify ways in which you can include your target audience, which is review the PC and PB bylaws and saw that the PC and PB can have transgender people that are not Ryan White clients included in the committee. It doesn't necessarily mean that you have to have a trans individual to actually have a seat on these conversations. Networking and collaborations are key. Get in the groove, invite them. Do what you need to do. The plan is to actually continue to engage the community, with the stakeholders' support, to make them feel important and have them be a part of the decision-making process.

Lamar McMullen:

Let me say that again. The plan is to continue to engage the community with the stakeholders' support, and to also make them feel important and have them be a part of the decision-making. We matter. We have voices. The trans community matters, and they have voices as well. Have a recruitment plan assessing the accessibility of meetings, thinking about getting people connected to the marketing, and also the newsletter materials. Next slide.

Lamar McMullen:

Yes, you are right, John. Every question does lead to the next question to have people thinking. That's the whole objective of the slide because we want you guys to start actually listening and hearing what is being let off. You know what I mean? Balanced implementation of culture, responsiveness, and humility. Genuinely engage the community, especially the new members. Ensure anyone that comes to the planning council or the planning board meetings feels safe, so create a safe space. Our meetings, we greet folks when they do come in, "Hey, how you doing? My name is," so forth, and so forth. "Welcome to the planning council," or also the planning board meeting, are social and including others. Have a voice, speak about it, are a people's person, and some are open with their HIV status.

Lamar McMullen:

Me, being a person who have been diagnosed almost 10 years as of next year, I'm very open with my status. I invite people in, and I tell people my story, and I tell them my status, "Hey, this is what it is. I'm welcoming you to make you feel safe." This is what the safe space looks like, is having the identity and also the ability to say that, "You know what? I identify with you. I've been in your shoes. I'm authentically and genuinely with you. Come on. Let's do this together." Conduct meetings in the safe space. Our meetings are going to be held at an LGBT center. What that may look like is every other month or every month, we have a different location. Some meetings are held in my office here at Empower U Community Health Center in Miami, Florida. Then we have it across the board. Our next meeting for July is going to be at the Pride Center for Pridelines. Make room in your agenda to have learning activities and trainings. Next slide, please.

Lamar McMullen:

Now, some of the lessons learned. Like Miss Christina Bontempo. She is a great individual and I love her. She actually was the one that suggested that I join the Community Coalition Committee and actually have a say. One of her favorite saying is, "People will see other people like themselves in me. I am who I serve." If I am a man of color who is gay and also who has HIV, and I invite someone else who lived, or who has the same experience and the same status as me, "Come onboard. Welcome. You're not in this alone. You're not the only one standing off to the side and say, 'Ooh, I don't really know what to do. I don't know these people. They don't have my experience.'" No, that's not what we do. We invite them in. We share the same space. We may just share the same status.

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Lamar McMullen:

Members of the planning council and planning board are diverse. We are Black, Brown, white, Latinx, gay, and also, et cetera. This helps when recruiting. You can see yourself there. Once again, we are literally across the entire board. We don't sugarcoat it. We don't cut off exactly what to do, and how to do it, and what you need to look like. We don't. If you support us, then welcome aboard. Also, we need to acknowledge that members see themselves as other priority audience. We have to understand that we all have different backgrounds, dynamics, and cultures.

Lamar McMullen:

Next slide, please. Now, questions and answers.

Alexandra Bonnet:

Thank you so much, Lamar, for being with us today and sharing your experience. This has been very interactive. I want to thank all of you for being here today, and saying yes, and sharing with us your experience. Now we will move on to the question and answer section. Remember that if you have any questions for our presenters, you could chat them in. We will have a couple of minutes to answer and address your questions. Feel free to chat in any questions you have or thoughts.

Lamar McMullen:

Now don't be shy. Don't be shy. We see your names. We will ask questions. No, I'm just kidding. I won't call you out.

Alexandra Bonnet:

I could see a couple comments. "Great job." "Powerful." Thank you all so much. I have a first question in the Dropbox here. "Does Planning CHATT have Spanish resources?" I would say, yes. For those of you that are interested in the Spanish resources, I will go ahead and chat them in. The Spanish resources, you can look them up in our website, targetedhiv.org under [Spanish 01:11:30] or in English, Spanish resources.

Alexandra Bonnet:

I see there's another question here. "What resources has your planning council used to educate its membership and Ryan White planning council staff on diversity, equity, and inclusion?" I don't know, Dana or Lamar want to jump in on that?

Lamar McMullen:

What I would say is first and foremost, thank you for that question. That's actually a great question. What we do with the resources, we would definitely invite one of our community partners. For instance if it's a pharmaceutical company or someone with a different entity, we would definitely invite them in to have those conversations, especially if we're not able to answer. Of course, we're around professionals to say, "Hey, we have a question for you. We have some things that needs to be addressed. Are you able to address them?" We do have a lot of resources. If you guys would like, I will definitely try get that for you, if anything.

Dana Williams:

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Yeah. In St. Louis as well as in Illinois, we actually hired a consultant. There is enough of us around the table that speak about cultural diversity around the country, and so we've done in-house kinds of trainings. We've also solicited some of our partners to come in and provide cultural competency training and cultural awareness training.

Alexandra Bonnet:

Thank you, Dana. I see another question in the chat box, and it has to do with being culturally appropriate to other languages. We're just starting to work with the Spanish, and I had made a note, thank you for that question that we should consider Creole as well.

Dana Williams:

Mm-hmm.

Lamar McMullen:

Alexandra, I do see another question and I'm trying to look at it again. Hold on. Here it goes right here. The question reads, "Are there any trans people on the Miami-Dade council for recruitment?" At this present time, we do not have anyone on our planning council, but we are open. Matter of fact, we do have a lot of slots left. If you would like to ask more questions or have anything else to look at, you could go to aidsnet.org, or you can just stop by my office, if you know where my office is. I do have applications on hand for you so you can go ahead and apply and we can bring you on as a trans individual. All are welcome.

Alexandra Bonnet:

Can you chat that in, Lamar?

Lamar McMullen:

Yes.

Alexandra Bonnet:

Thank you.

Dana Williams:

Yeah, I was going to say, I think that's one of the things I talked about earlier. I think that there are populations, and many of you shared that as well, that we have not done a good job with reaching out to be a part of the planning bodies. We really need to think about how we can more effectively reach those populations. We've talked about youth, and trans folks, and substance using, and homeless folks.

Dana Williams:

We really need to sit around the table and strategize on how we can better reach those individuals to be a part of the planning council, and then what strategies might we think about or barriers that we might think about to help, that would help encourage their participation. Again, not only their participation, but the retention of those folks because there's no use in getting folks on your planning council if they don't stay long enough to get trained. You want to be genuinely engaging folks to get their feedback in the process.

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Alexandra Bonnet:

Thank you, Dana, for that. I have room for another question and it is, "Are these hybrid guidelines?" This question came in when Dana was presenting, and I would pass it to Aisha. Aisha, are you on the call?

Aisha Moore:

Yes, I am.

Alexandra Bonnet:

Hi, Aisha.

Aisha Moore:

Hi.

Alexandra Bonnet:

Thank you for joining.

Aisha Moore:

I wasn't sure if that question was related to something, a point that Dana made or a more general point, so I'm just going to answer it from a more general perspective. As we know, with COVID-19, there was this a lot of planning councils and planning bodies went to hybrid or remote for a time, and now are trying to figure out where they want to go from here because there were some pros and cons to being hybrid.

Aisha Moore:

In terms of whether your planning council or planning body could meet in a hybrid model, that is a local-level decision. We do have some resources that can help you figure it out, so Alexandra can chat the link, but we have some resources on, if you are going to do a hybrid meeting, what are some best practices, sound practices around that. Also, you'll need to look at your state and local laws on open meetings that will indicate whether you can have a hybrid meeting, what the requirements are, who needs to be included, where it needs to be located, all of that stuff. That's all state and local guidelines on, regarding open meetings.

Alexandra Bonnet:

Thank you, Aisha. I just chatted in the link for the resources. I see Lamar's hand is up. Lamar?

Lamar McMullen:

Yes, I wanted to respond back to what Miss Moore was just speaking about with the hybrid meeting. We were at hybrid meetings as well, but Miami-Dad County said, "Look, we ain't doing no more hybrid meetings. We want y'all in person. We want to see y'all faces again." You know what I mean? We have done away with hybrid meetings and we are all in person right now. Some of the locations do vary. It can be at the Miami-Dade County Auditorium. It can be at the BSR meeting area. It could be, listen, at a host of places, but we are no longer doing hybrids. We are all in person now. Sometimes, our locations do vary but once you're actually a part of, regardless, if you are a member or just someone that's actually coming out, you will start to get those emails and the invites on exactly where we are going.

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Alexandra Bonnet:

Thank you, Lamar, for that.

Lamar McMullen:

Also, I have another question we'll answer. It's someone on the Q&A live thing, Miss Ellen. She says, "I just joined the planning council. I've learned a lot from this presentation. I've been living with HIV for 29 years. I would love to get to a place where Lamar and Marissa are. They speak loud and proud. I am a female heterosexual." First and foremost, listen, for long-time survivors, congratulations. 29 years is a long time, so I am going to applaud you on that, for still thriving and being in excellence. 29 years is a milestone. That's half of my life. I may look 16, but I'm 35, getting in glory to God.

Lamar McMullen:

What I can say, it did take me time to actually get to where I am today. Because I do know that in spite of me, there is still someone else that loves on me, and that's just the God of my own understanding. You know what I mean? Because I can beat myself up daily with my self-deprecating thoughts. "I'm not good enough. I'm not this. You can't do this," but the moment when I recreate the will and state that, "I can and I will," then something else happens. There's the shift, where now I'm able to be proud of what I do every day and I can speak loudly and proud of how I say what I say. Because today, I am a man of my word, and I do say that I am nine years clean and almost 10 years being positive, a person living with HIV. I am who I serve and I love it. Keep coming back and you'll eventually learn how to speak loud and proud.

Alexandra Bonnet:

Thank you so much, Lamar, for sharing. That was the last question for the Q&A section. Thank you very much, again, for those wonderful questions. That brings us to the end of our presentation. Before we go, I would like to share with you all our resources. If you're interested in learning more about this topic, we recommend you check out the resources you see here. We have the Ryan White HIV/AIDS Program Part A planning council primer. We also have quick reference handout, 8.2, 9.6. We have the AIDS United MIPA Toolkit, Ryan White HIV/AIDS Program Part A manual, of course, and the diversity and inclusion definition from Georgetown School of Medicine.

Alexandra Bonnet:

Before we go, you can find a recording in both languages this time, English and Spanish, slides from today's webinar, and the rest of our resources on our website. You could also take a look at Targeted HIV. We'll chat in the link out of the website once again. Shaivi, if you could help us with that. Thank you so much for joining us today. We really do appreciate and welcome your feedback. Please remember to complete the evaluation. The link will go out in the chat box in just a moment once again. Once you see the link, if you can please take a moment to click on it. It is important to us to make quality improvements in our work based on all of your comments.

Alexandra Bonnet:

I would also encourage you to check out Planning CHATT's website, where you can sign up for our mailing list, download tools and resources now available in English and Spanish, view other webinars and more. Of course, you can always reach out to us with questions of your support via email,

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planningchatt@jsi.com. Thank you very much again for your time, for joining us for all of our presenters, and have a nice day.

Dana Williams:

Thank you.

Lamar McMullen:

Bye, guys.